# PLACEMENT REVIEW READINESS CHECKLIST

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| Student Name: |  | ID#: |  | School: |  | Grade: |  |

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| Disability(ies): |  | Reason(s) for Review: |  | Academic |  | Behavior |

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| Request for: |  | Increase in |  | Self-Contained |  | Harper |  | Out of District |  | Out of District |

Pull-out Instruction Placement Alternative Day Placement Residential Placement

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| **Note: All the required consultations, counseling evaluation, and FBA must be completed and relevant items on this checklist must be checked “Yes” before a placement review meeting can be scheduled.** |

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| 1. | Has an ARD/IEP meeting been conducted within the last 12 months to review student progress and revise educational program/services to address areas of difficulty? | YesNo |
| 2. | Are all evaluations ***current*** (completed within 2 years for out-of-district referrals; 3 years for other referrals) and reflect the student’s ***functioning level*** at this time (including psychoeducational, psychological, speech/language, medical)? | Yes No | |
| 3. | Have all evaluations for which the student was previously referred been completed? | Yes No | |
|  | If no, list pending assessments and expected date(s) of completion:   |  | | --- | |  | |  | |
| 4. | Have relevant supplementary services and supports been considered and implemented (e.g. curriculum/ assignment modifications, peer mediated supports, specialized equipment, resource room, staff support/training, testing adaptations, counseling, psychological services, social worker, etc.)? )  \*If yes, attach supporting documentation (e.g. implementation logs, behavior data forms, anecdotal records). | Yes No | |
| 5. | Has the school implemented interventions recommended by multiple support staff (LSSP, Program Specialist, HISD psychologist, Autism Support Team, HISD Behavior Program Specialist, and social worker) for a reasonable period of time?  \*If yes, attach supporting documentation (e.g. implementation logs, behavior data forms, anecdotal records). | Yes No |
| 6. | Does the current IEP and/or Behavior Support and Intervention Plan address the areas of difficulty contributing to this placement review request? | Yes No | |
| 7. | Has the school obtained the student’s current medical/mental health information? | Yes No | |
| 8. | For a behavioral referral: Has a counseling evaluation been conducted? | Yes No NA | |
| 9. | For a behavioral referral: Has a functional behavioral assessment been conducted? | Yes No NA | |
| 10. | For a referral to Harper Alternative School: Is student currently in a behavior setting (minimum of 6 weeks) and at least 13 years of age by date of enrollment at Harper? \*Attach attendance records | Yes No NA | |
| 11. | For a referral to Harper Alternative School or out-of-district placement: Did the student’s parent(s) agree to a possible Harper or out-of-district placement? | Yes No NA | |
| 12. | For a referral to Harper Alternative School or out-of-district referral placement: Has the school implemented interventions recommended by HISD Behavior Program Specialist for the student served in the Behavior Support Class for a reasonable period of time?  \*If yes, attach supporting documentation (e.g. implementation logs, behavior data forms, anecdotal records). | Yes No NA | |
| 13. | For an out-of-district referral: Has the school implemented interventions recommended by the Autism Team for the student with autism for a reasonable period of time?  \*If yes, attach supporting documentation (e.g. implementation logs, behavior data forms, anecdotal records). | Yes No NA | |

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## PROGRAM SPECIALIST Date

**\*ATTACH THE COMPLETED CHECKLIST TO THE PLACEMENT REVIEW RECORD FORM ON SHAREPOINT.**